

WSGL WEINGARTEN, SCHURGIN, GAGNEBIN & LEBOVICI LLP*Intellectual Property Law*
Patents • Trademarks • CopyrightsTen Post Office Square
Boston, Massachusetts 02109
Tel. 617.542.2290 • Fax. 617.451.0313
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DATE: April 7, 2009

TO: Examiner Mohammad Y. Meah
TC Art Unit: 1652

Fax No.: (571) 273 8300

FROM: Holliday C. Heine

No. of pages transmitted
(including this page): 12

Our File: BU-112XX

Time: 7:30 pm

Your Ref:

Sent by: Holliday C. Heine

Application No. 10/585,651


Filing Date: July 07, 2006

Confirmation No.: 5481

A confirmation copy of this transmission will not be mailed unless the following is checked: ☐
MESSAGEPLEASE DELIVER DIRECTLY TO:
EXAMINER Mohammad Y. Meah, Tel. (571) 272
TC ART UNIT NO: 1652**FOR ENTRY**

Enclosed for filing please find a: Response to Office Action;

The Commissioner is hereby authorized to Charge Deposit Account No. 23-0804 for any additional filing fees associated with this communication or credit any overpayment.



Attorney for Applicant: Holliday C. Heine, Ph.D.
Registration No. 34,346

379359.1

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Rev 10/08

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 Telephone: (617) 542-2290
 Telecopier: (617) 451-0313

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APR 07 2009

Via Facsimile**COMMISSIONER FOR PATENTS**

P.O. Box 1450

Alexandria, VA 22313-1450

Date: April 7, 2009

Attorney

Docket No.: BU-112XX

Sir:

In re application of: Philip C. Trackman et al.

Entitled: **USE OF THE PRO-PEPTIDE DOMAIN OF LYSYL OXIDASE AS A THERAPEUTIC AGENT**

Transmitted herewith is an amendment in the above-identified application. The following checked items are applicable:

- ☐ This is a Request for Continued Examination under §1.114; authorization is provided herewith to charge Deposit Account No. 23-0804 for the cost of same (\$) per §1.17(e).
☐ Enter the unentered amendment previously filed on per §1.116.

☒ Small Entity Status is asserted.

☐ A Petition for Extension of Time for month is hereby made under §1.136(a); authorization is provided herewith to charge Deposit Account No. 23-0804 for the cost of same (\$) per §1.17.

☒ In the event a Petition for Extension of Time is required by this paper and not otherwise provided, such Petition is hereby made and authorization is provided herewith to charge Deposit Account No. 23-0804 for the cost of such extension.

☐ Other:

CLAIMS AFTER AMENDMENT:	MINUS PRIOR PAID CLAIMS:	EQUALS PRESENT EXTRA CLAIMS:	RATE:	ADDITIONAL FEE:
Independent	3 - 2	=	x \$220.00 =	0
Total	15 - 7	=	x \$ 52.00 =	0
<input type="checkbox"/> Multiple Dependent Claims (1st presentation)			+ \$390.00 =	0
SUBTOTAL ADDITIONAL FEE				0
Small Entity filing, divide by 2. Small Entity status must be asserted.				0
TOTAL ADDITIONAL FEE				0

☒ No additional fee. ☐ The fee has been calculated above; authorization is provided herewith to charge Deposit Account No. 23-0804 (\$) for the cost of same.

☒ The Commissioner is hereby authorized to charge payment of any additional filing fees under §1.16 associated with this communication or credit any overpayment to Deposit Account No. 23-0804.

I hereby certify that this correspondence is being sent via facsimile to Examiner Mohammad Y. Meah, TC Art Unit 1652, Fax No. (571) 273 8300, on April 7, 2009.

HCH/nja

Holliday C. Heine
 Attorney of Record: Holliday C. Heine, Ph.D.
 Registration No.: 34,346

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